



The Commonwealth of Massachusetts

Executive Office of Environmental Affairs

Department of Environmental Protection

Central Region

75 Grove Street, Worcester, Massachusetts 01605

DANIEL S. GREENBAUM
Commissioner

CORNELIUS J. O'LEARY
Regional Director



SDMS DocID

556434

Ms. Nancy Smith
EPA State Coordinator
Superfund Support Section
(HSS-7)

USEPA Waste Management Division
JFK Federal Building
Boston, MA 02203-2211

January 15, 1991

Superfund Records Center

SITE: Conich Property

BREAK: 1.5

OTHER: 556434

Dear Nancy:

Research conducted to prepare the MSCA SI for ATF Davidson Co. Inc. in Northbridge, (MAD046128559), indicates that the facility operated as a TSD facility. As a result of changing economic, production and regulatory times, the facility then changed its status from TSD to Generator. The evidence does not indicate that the facility filed "protectively".

Enclosed, please find copies of RCRA documents that pertain to the ATF Davidson Co. Please review the documents and rule on the RCRA status of the facility as soon as possible so that the MSCA SI can be completed on schedule.

Thank you very much for your assistance. Please contact me by phone (508) (792-7653) with your ruling.

Very truly yours,

Don Hanson
MSCA Coordinator

DAH/dah
atfrcra

cc: Lynne Chappell
Michael Bingham
Janet Waldron



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MAD046128559

INSTALLATION ADDRESS

ATF-DAVIDSON CO INC
MAIN ST
WHITINSVILLE

MA 01588

MAIN ST
WHITINSVILLE

MA 01588

09/26/80



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

MA0046128559

I. NAME OF INSTALLATION

Whitin Machine Works Co., Inc.
ATF-Davidson Co., Inc.

II. INSTALLATION MAILING ADDRESS

MAIN ST
WHITINSVILLE

MA 01588

III. LOCATION OF INSTALLATION

MAIN ST
WHITINSVILLE

MA 01588

INSTRUCTIONS: If you received a preprinted label, fill it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law Section 3012 of the Resource Conservation and Recovery Act.

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

MA0046128559

800807

AUG 7 - 1 30 PM '80

I. NAME OF INSTALLATION

ATF-DAVIDSON CO INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 MAIN STREET

CITY OR TOWN

4 WHITINSVILLE

ST.

MA 01588

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 MAIN STREET

CITY OR TOWN

6 WHITINSVILLE

ST.

MA 01588

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 ROSOL JOSEPH PLANT ENGINEER

617-234-7451

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 ATF-DAVIDSON CO WHITE CONSOLIDATED INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MA0046128559

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

ROUTING AND TRANSMITTAL SLIP

Date 10/28/83

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1. Sandra Vasil			
2. Mary Anne Gavin			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		

REMARKS

SUBJECT: IBM Typewriter Maintenance

Please check over the attached list and make any corrections, additions, deletions necessary for your Branch. I have to turn this in to Don Toohey ASAP. Thanks.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Eileen Hahnen <i>Eileen</i>	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

1	EPA	GENERAL INFORMATION Consolidated Permits Program (Read "General Instructions" before starting.)	EPA I.D. NUMBER MAD046128559
I. EPA I.D. NUMBER MAD046128559		PLEASE PLACE LABEL IN THIS SPACE WHITINSVILLE, MASS. 01588	
III. FACILITY NAME ATF-DAVIDSON COMPANY, INC.			
V. FACILITY MAILING ADDRESS MAIN STREET			
VI. FACILITY LOCATION WHITINSVILLE, MASS. 01588			

GENERAL INSTRUCTIONS
 If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS													
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.													
SPECIFIC QUESTIONS				MARK 'X'			SPECIFIC QUESTIONS				MARK 'X'		
				YES	NO	FORM ATTACHED					YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)							B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)						
				16	17	18					19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)					X	
				22	23	24					25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)					X	
				28	29	30					31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas; or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)					X	
				34	35	36					37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X	
				40	41	42					43	44	45

III. NAME OF FACILITY															
1 SKIP ATF-DAVIDSON COMPANY, INC.															
IV. FACILITY CONTACT															
A. NAME & TITLE (last, first, & title)								B. PHONE (area code & no.)							
2 ROSOL JOSEPH PLANT ENGINEER								617		234		7451			
V. FACILITY MAILING ADDRESS															
A. STREET OR P.O. BOX															
3 MAIN STREET															
B. CITY OR TOWN								C. STATE		D. ZIP CODE					
4 WHITINSVILLE								MA		01588					
VI. FACILITY LOCATION															
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER															
5 MAIN STREET															
B. COUNTY NAME								C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
WORCESTER								WHITINSVILLE		MA		01588			

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

71

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71

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14

OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

71

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78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

72

72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

5

C

DUP

T/A C

I

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
						2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600		5			
X-2	T 0 3	20		6			
1	S 0 1	2200		7			
2	S 0 2	2000		8			
3	T 0 1	5000		9			
				10			

EPA I.D. NO. (enter from page 1)															
M	A	D	0	4	6	1	2	8	5	5	9	T/A	C		
											6				

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	2	0	6	3	8					7	1	4	0						
65	66	67	68	69	70	71					72	73	74	75	76	77	78	79	

VIII. FACILITY OWNER

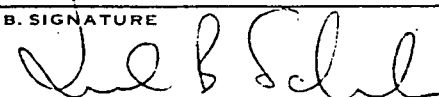
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)														
WHITE CONSOLIDATED INDUSTRIES, INC.															216-252-3700														
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.					6. ZIP CODE				
11770 BERE A ROAD										CLEVELAND										OH					44111				

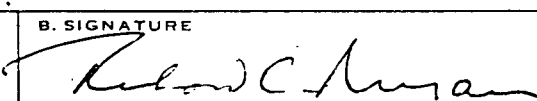
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John B. Schulze		11/19/80

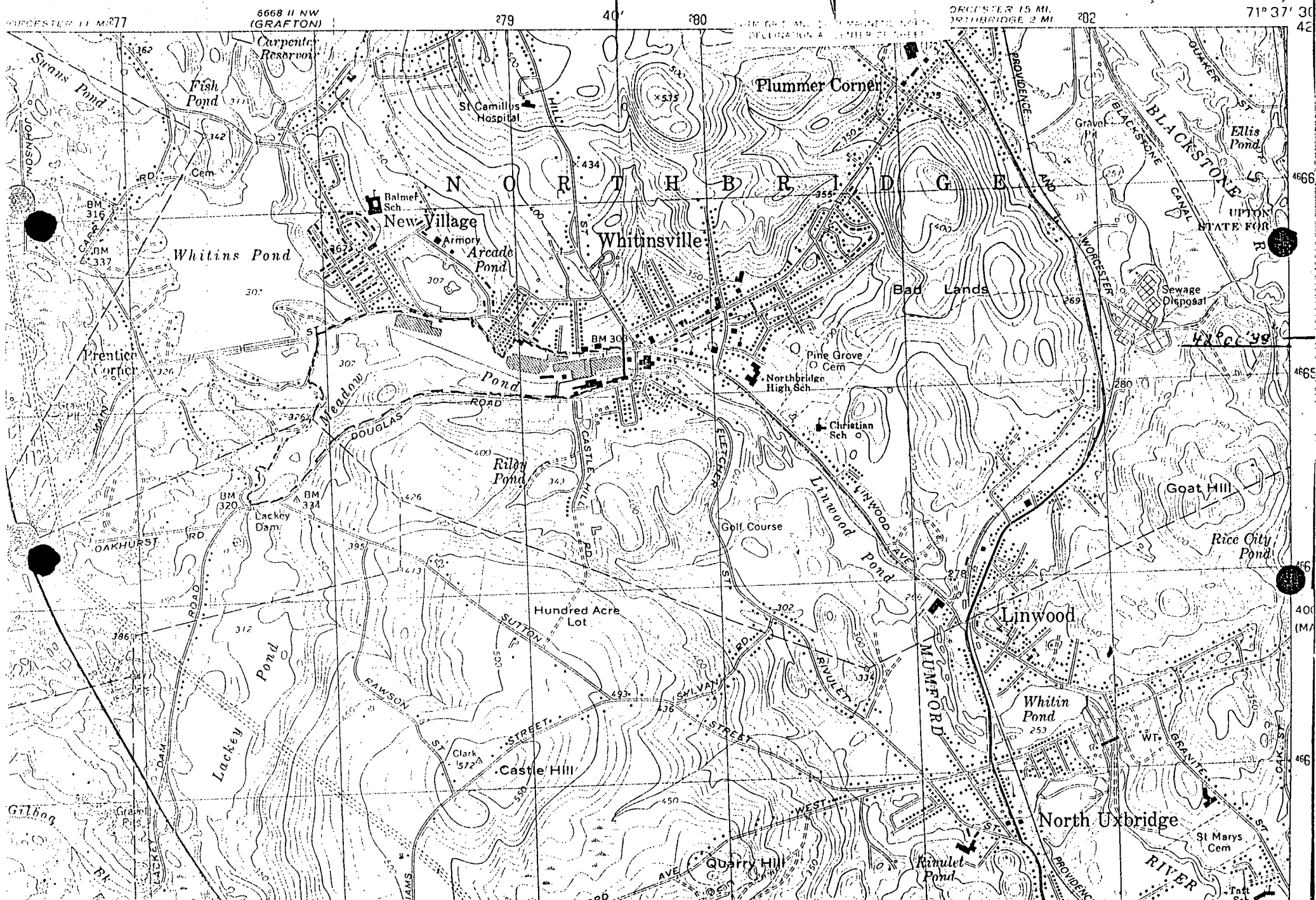
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD C. BRYAN		10/31/80

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS

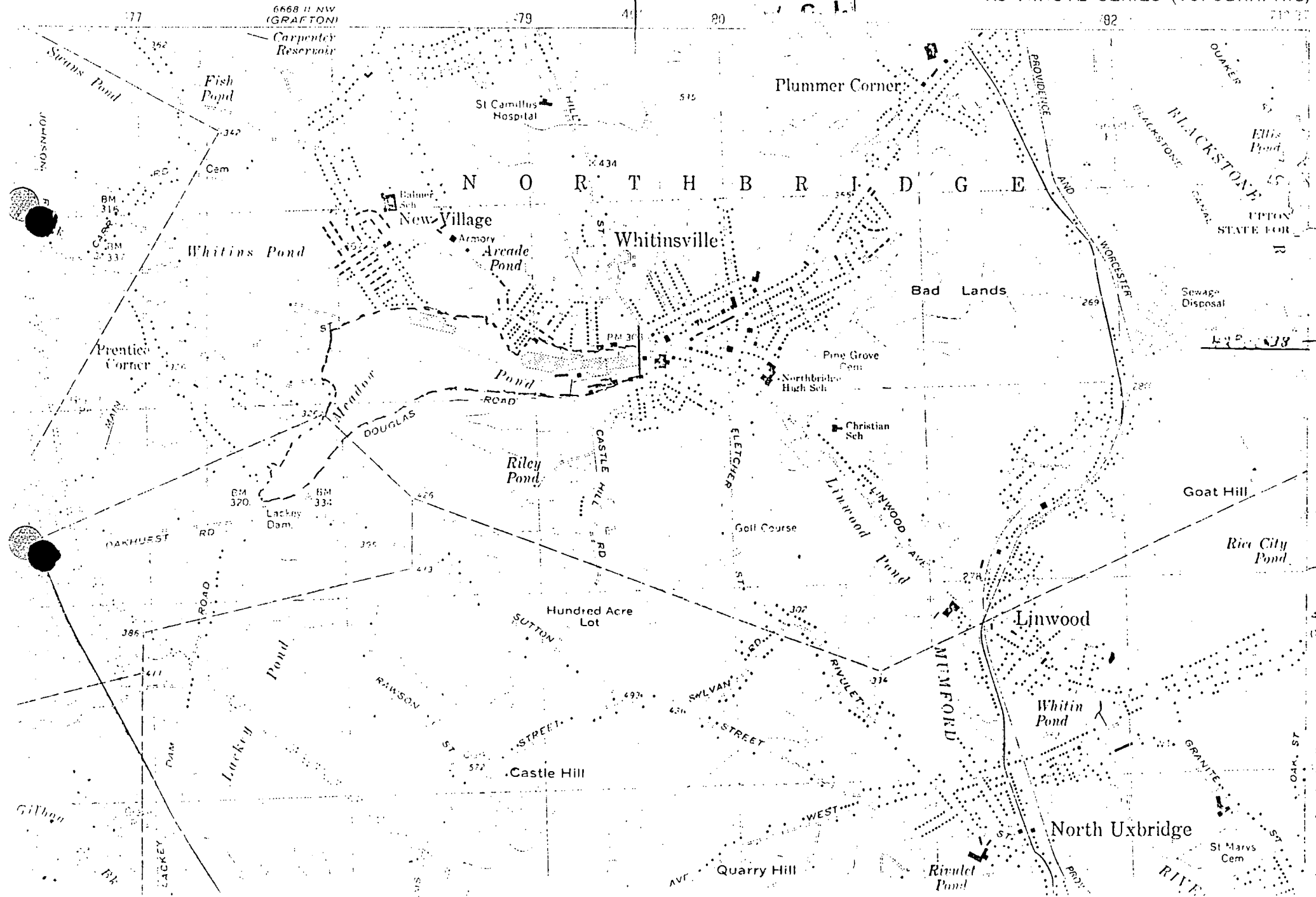
UXBRIDGE QUADRANGLE
MASSACHUSETTS—RHODE ISLAND
7.5 MINUTE SERIES (TOPOGRAPHIC)



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS

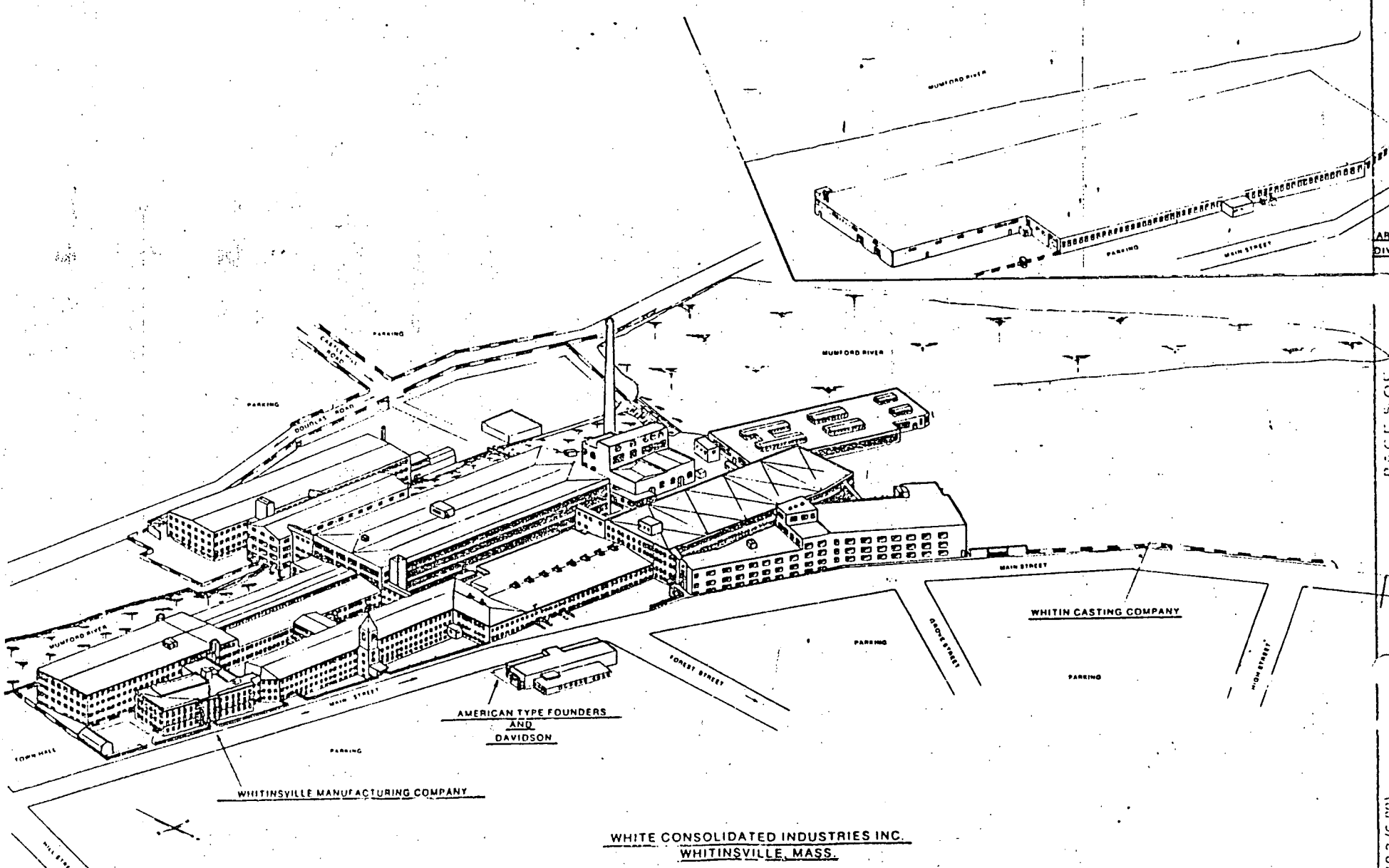
71° 40' 30"
RECEIVED
SEP 24 1980

UXBRIDGE QUADRANGLE
MASSACHUSETTS-RHODE ISLAND
7.5 MINUTE SERIES (TOPOGRAPHIC)



From returned to Mr. 196-550000

Continued from page 4
V. FACILITY DRAWING (TOP) (PAGE 4)



WHITE CONSOLIDATED INDUSTRIES INC.
WHITINSVILLE, MASS.

1875
Handwritten signature